



Licensing Division
Finance Department

City of Morgantown

Application for Municipal License

RETURN TO CITY OF MORGANTOWN 389 SPRUCE ST. MORGANTOWN, WV 26505

I AM APPLYING FOR A:

- ☐ CONTRACTOR LICENSE \$90.00 COMPLETE TOP SECTION ONLY
☐ ELECTRICIANS LICENSE \$20.00 COMPLETE TOP SECTION ONLY
YOU MUST ATTACH YOUR CURRENT STATE CONTRACTORS LICENSE
☐ HANDYMAN LICENSE \$0 COMPLETE FULL APPLICATION
YOU MUST ATTACH YOUR CURRENT STATE BUSINESS REGISTRATION

BUSINESS AND OCCUPATION TAXES TO BE FILED

- ☐ QUARTERLY
☐ BY THE JOB (MUST PAY B&O TAXES IN FULL AT START OF JOB)
ALL HANDYMEN MUST FILE BY THE JOB

\$ _____ # _____

LIC. # _____

OFFICE USE ONLY

LEGAL NAME: _____

BUSINESS NAME: _____

MAILING ADDRESS: _____

CONTACT PERSON: _____

EMAIL: _____

BUSINESS PHONE: _____

FAX: _____

CONTRACTING TYPE: ☐ GENERAL
☐ HVAC

☐ MASONRY ☐ PLUMBING ☐ PLUMBING
☐ OTHER _____

FORM OF BUSINESS: ☐ PROPRIETORSHIP
☐ PARTNERSHIP

☐ CORPORATION ☐ LIMITED LIABILITY CO.
☐ OTHER _____

FEDERAL IDENTIFICATION NUMBER: _____ DATE BUSINESS BEGAN IN CITY: _____

I certify this application to be true and accurate to the best of my knowledge.

SIGN: _____ DATE _____

PRINT: _____

AFFIDAVIT FOR HANDYMAN -ATTACH YOUR STATE BUSINESS REGISTRATION

THIS IS TO CERTIFY THAT THE ABOVE LISTED CONTRACTOR IS EXEMPT FROM THE CONTRACTORS' LICENSING PROVISIONS INCLUDED IN ARTICLE 11, SECTION 21 OF THE WEST VIRGINIA STATE CODE AND CHAPTER 3, ARTICLE 768 OF THE MORGANTOWN CITY CODE FOR THE REASON THAT THE COMPENSATION FOR EACH CONSTRUCTION UNDERTAKING, AS DEFINED IN THE ABOVE REFERENCED CODE SECTIONS, ENTERED INTO BY THE HEREIN NAMED CONTRACTOR IS LESS THAN **\$2,500.00**.

SIGN: _____ DATE _____

PRINT: _____

COUNTY OF MONONGALIA, CITY OF MORGANTOWN

TAKEN, SWORN, AND SUBSCRIBED TO BEFORE ME THIS _____ DAY OF _____, 20 ____.

SEAL

NOTARY PUBLIC _____

MY COMMISSION EXPIRES _____

OWNER – PARTNER – OFFICER – MEMBER INFORMATION

NAME
ADDRESS
PHONE
EMAIL
SOCIAL SECURITY NUMBER

NAME
ADDRESS
PHONE
EMAIL
SOCIAL SECURITY NUMBER

NAME
ADDRESS
PHONE
EMAIL
SOCIAL SECURITY NUMBER

Attach additional sheets if necessary